						PER	HTIN	HT ISSUED			<u> </u>		
City of Portland, Mair	O	* *	' ¹¹	rmit No: 04-1871		Issue Date	<u>. </u>		013	J0210	01		
389 Congress Street, 0410 Location of Construction:	Owner Name:	5, Fax: (207) 874-87		er Address:		JAI	v 13	7	One:	30210	101		
11 Romasco Ln	es A	ì	Romasco Li	,	"			PRone:					
Business Name:		Contractor Name: Provencher Fuels, Inc		+					Phone.		 		
	Provencher Fu			39 Cleaves ST Bidderord OF					PURIL 2019 148068				
Lessee/Buyer's Name	Phone:	'hone:		Permit Type:						7	Zone:		
			HVAC										
Past Use:	Proposed Use:	Proposed Use: Single Family install a Baxi Luna boiler W/ Super Stor water heater, direct vent		Permit Fee: Cost of Work				· •					
Single Family				\$84.00 \$6,800					0.00 1				
	_								INSPECTION. Use Group: R3 Type: HUAZ Signature MB 1/12/05				
										71	,0,,-		
Proposed Project Description:		1					1	\ <i>i</i>		. /			
Install a Baxi Luna boiler w/ Super Stor water heater		, direct vent	_	Signature:									
		PEDESTRIAN ACTIVITIES DIST				TRICT (RICT (P.A.D.)						
			Action: Approved Approved Approved				proved w	roved w/Conditions Denied					
			Signature:				Date:						
Permit Taken By:	Date Applied For:			Zoning Approval									
dmartin	12/30/2004	Special Zone or Rev	ews Zoning Appeal				Historic Preservation						
		Shoreland	ic ws				Not in District or Landma						
		Shoreland		Variance			Not in District or Lan				n Landina		
		Wetland		Miscellaneous			Does Not Require Review						
		Flood Zone		Conditional Use			Requires Review						
		Subdivision		Interp	retatio	on			Approve	d			
		Site Plan	_	Appro	oved				Approve	d w/Co	nditions		
		Maj Minor MN	1 🔲	Denie	ed				Denied	O)		
		Date: MB 1/2	2/05	Date:			2	ate:	M	1	2		
		$\bigcup_{i=1}^{n}$	ţ]'	•			
		CERTIFICAT	(ON										
I hereby certify that I am the I have been authorized by the jurisdiction. In addition, if a shall have the authority to en such permit.	e owner to make this appl permit for work describe	amed property, or that in it is an including the immediation as his authorized in the application is	the pro ed agen	t and I agre I certify tha	ee to o	conform code off	to all ag	pplic auth	cable la orized 1	aws of represo	this entative		
SIGNATURE OF APPLICANT		ADDRESS		DATE				PHONE					
RESPONSIBLE PERSON IN CHA		DATE					PHONE						
OI WILL I DIWOIT IN CIII									-				

a/20/05 dona